

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/08/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185057</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - SUNRISE MANOR NURSING H</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>717 NORTH LINCOLN BLVD</b> <b>HODGENVILLE, KY 42748</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<b>INITIAL COMMENTS</b>  An abbreviated Life Safety Code survey was initiated on 10/04/11, and concluded on 10/06/11, for Complaint KY#17208. The complaint was found to be unsubstantiated, with no deficiencies identified. Sunrise Manor was found to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for one hundred thirty seven (137) beds with a census of one hundred nineteen (119) on the day of the survey.			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.